



## State of Maryland

# Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary, DHMH

### Behavioral Health Council Workgroup

**March 18, 2014**

### Minutes

**ATTENDANCE:** Rachael Faulkner, DHMH; **Joint Council** - Sue Diehl, Vice Chair; T.E. Arthur, Coordinator; Dennis McDowell, Robert Anderson, Sarah Rhine, Julie Jerschied (by phone); **State Drug and Alcohol Council (SDAAC)** - Kathleen O'Brien, John Winslow, Rebecca Hogemaier (by phone); **Staff** - Cynthia Petion, MHA; Eugenia Conolly, ADA; Robin Poponne and Greta Carter, MHA

### Mission Statement

The group looked at the DHMH Behavioral Health and Disabilities Mission Statement as one of the sources of ideas to form a mission statement for the combined council. Discussion included suggestions to enhance this statement. See below.

#### **Mission Statement of the Secretary of DHMH's Behavioral Health and Disabilities:**

To develop and manage an outcome guided behavioral health service delivery system:  
Integrating prevention, health disparities, recovery principles, evidence based practices, and cost effectiveness.

Suggestions:

- Including treatment as an important component
- Delete the word principles after "recovery"
- Add concept of cultural competence
- Add concept of health and wellness

The group briefly clarified that neither council currently had a mission statement. However, the Joint Council has its role/purpose defined in its bylaws and SDAAC has its purposes outlined in House Bill 219.

The workgroup thought it important to remain flexible but zero in on key areas for the proposed legislation for the BH Advisory Council. Rachael Faulkner suggested that the legislation be drafted so as to include major components such as purpose, membership, etc. but written so as to allow the new Council to have flexibility to create committees, etc. as necessary to address current and ongoing issues.

The group decided that mission statement elements be listed, in sentence format, perhaps using may or shall when appropriate, and distributed for comment prior to the next meeting. Please see the List at the end of these minutes.

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**c/o Mental Hygiene Administration**

Spring Grove Hospital Center – 55 Wade Avenue – Dix Building – Catonsville MD 21228 – (410) 402-8473

TDD for Disabled – Maryland Relay Service (800) 735-2258

**Healthy People in Healthy Communities**

## **Accountability**

The group seemed clear that as the focus is on the Behavioral Health Administration, it would be important to have BHA leadership/policy makers' participation in the council, face-to-face. However not have them lead the council, rather accountable to the council (also, to consumers and provider members within council who absorb the changes to policies made and shifted) in some way.

Group members seemed to want a dual level council where some members are appointed by Governor - No specifics available at this time. There is still challenge of having appointees replaced when Governor's Office of Appointments does not have new candidates available. Group members did not see having governor appointees as part of membership hindering advocacy function of the council.

Accountability is multi-layered.

Council accountable to:

- Perhaps to Governor in advisory and reporting roles

Accountable to the council:

- Secretary level staff
- BHA Director
- LDAACs and LMHACs

Council accountable for:

- Advocacy
- Advisement
- Planning function - (in past, through the Block Grant, input into identification of funding for special services)

The thought was that the Planning Office of the BHA would continue the Statewide BH Plan and that the Council would continue to have input into that process, rather than write a separate strategic plan of its own. However, the development of SDAAC's strategic plan had important functions such as providing a model for local jurisdictions and giving priorities and direction. It was suggested that LMHACs and LDAACs have representation on the new council. (CSAs/LAAs?)

The group agreed it was important to preserve:

- Focus on access/delivery system of BHA
- Committee structure
- Prevention
- Workforce development
- Recovery
- Across-agencies partnerships
- Infrastructure and technology
- Data sharing

Some additional (to retreat minutes) representatives group members would like to join council:

- Dept. of Labor
- Maryland Association of Health Officers
- Providers - CBH and MADC
- Local councils and government agencies (MACSA/LAA, etc.)

Consumer/family representation has and remains an important component of membership in the Joint Council. SDAAC has not had the desired success of having consumer/family representation in part because of the illegal issues and stigma surrounding substance use. It is hoped that barriers to increased su consumer participation can be reduced.

Committee membership - committees can consist of members who are not on the council. The chair should be a council member.

It was also suggested that legislation include Staff to support the functions of the Council.  
(specify number of staff, position levels, and responsibilities)

The workgroup will reconvene on April 25 after the Stakeholder's Meeting for Development of the State Plan at Oheb Shalom in Baltimore City (approximately 2:30-4:00)